

REQUEST FOR ACCOMMODATION

To: Accommodation Coordinator
_____ Housing Authority

Authority Address: _____

From: _____
Applicant Name (please print) Control Number

Address

Town/City, State, Zip
(____)
Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe): _____

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)

4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

